

Agency Case Number C000634436-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County HALL		Date Rec. by GDOT	
Estimated Crash Date 05/01/19		Time 21:35		Dispatch Date 05/01/19		Time 21:42		Arrival Date 05/01/19		Time 21:57	
Vehicles 2		Total Number of Injuries 1		Fatalities 0		Inside City Of					
Road of Occurrence I-985 NB								At Its Intersection With			
Not At Its Intersection But 1000								Of SR 347			
Latitude (Y) 34.13646								Longitude (X) -83.95382			
(Format) 00.00000								(Format) -00.00000			
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME RAVEN		FIRST THOMAS		MIDDLE AVERY		Unit # 2	<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME KHIMANI	
										FIRST SABJA	
										MIDDLE ALI	
<input checked="" type="checkbox"/> Susp At Fault								<input type="checkbox"/> Susp At Fault			
City FLOWERY BR		State GA		Zip 30542		DOB 7/1957		City RICHMOND HILL		State NY	
										Zip 11418	
										DOB 1/1958	
Driver's License No.		Class C		State GA		Country UNITED STATES		Driver's License No.		Class E	
										State NY	
										Country UNITED STATES	
Insurance Co. SAFEWAY INSURANCE		Policy No. 3099746-GA-PP-001		Telephone No.				Insurance Co. PROGRESSIVE		Policy No. 923888828	
										Telephone No.	
Year 2017		Make KIA		Model FORTE LX				Year 2014		Make HONDA	
										Model ODYSSEY	
VIN 3KPFK4A70HE142424		Vehicle Color BLU						VIN 5FNRL5H91EB017672		Vehicle Color SIL	
Tag # RHU3175		State GA		County HALL		Year 2019		Tag # RFA0147		State GA	
										County FULTON	
										Year 2020	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
										County	
										Year	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name RAVEN		First THOMAS		Middle AVERY		<input type="checkbox"/> Same as Driver		Owner's Last Name ALI	
										First KHIMANI	
										Middle SABJA	
Address								Address			
City FLOWERY BRANCH		State GA		Zip 30542-3308				City SANDY SPRINGS		State GA	
										Zip 30328-2675	
Removed By: DON KERN'S WRECKER				<input type="checkbox"/> Request <input checked="" type="checkbox"/> List				Removed By: OWNER		<input type="checkbox"/> Request <input type="checkbox"/> List	
Alco Test: 2		Type:		Results:		Drug Test: 2		Type:		Results:	
First Harmful Event: 11		Most Harmful Event: 2		Operator/Ped Cond: 1				First Harmful Event: 11		Most Harmful Event: 11	
										Operator/Ped Cond: 1	
Operator Contributing Factors 3		1						Operator Contributing Factors 1		1	
Vehicle Contributing Factors 1		Roadway Contributing Factors 6						Vehicle Contributing Factors 1		Roadway Contributing Factors 6	
Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver:				Direction of Travel: 1		Vehicle Maneuver: 5	
										Non-Motor Maneuver:	
Vehicle Class: 1		Vehicle Type: 1		Vision Obscured: 1				Vehicle Class: 1		Vehicle Type: 10	
										Vision Obscured: 1	
Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 4				Number of Occupants: 2		Area of Initial Contact: 6	
										Damage to Veh: 3	
Traffic-Way Flow: 3		Road Comp: 2		Road Character: 1				Traffic-Way Flow: 3		Road Comp: 2	
										Road Character: 1	
Number of Lanes: 4		Posted Speed: 70		Work Zone: 2				Number of Lanes: 4		Posted Speed: 70	
										Work Zone: 2	
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Citation Information:								Citation Information:			
Citation # 003242692		O.C.G.A. § 40-6-40						Citation #		O.C.G.A. §	
Citation # 003242693		O.C.G.A. § 16-13-2(b)						Citation #		O.C.G.A. §	
Citation #		O.C.G.A. §						Citation #		O.C.G.A. §	

COMMERCIAL MOTOR VEHICLES ONLY						COMMERCIAL MOTOR VEHICLES ONLY					
Carrier Name:						Carrier Name:					
Address						Address					
City State Zip						City State Zip					
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.	
Cargo Body Type Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No				C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No				Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No						Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES: Name or four Digit Number from Diamond or Bo: _____ One Digit Number from Bottom of Diamond _____						If YES: Name or four Digit Number from Diamond or Bo: _____ One Digit Number from Bottom of Diamond _____					
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					

COLLISION FIELDS

Manner of Collision:	3	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	5
----------------------	---	-----------------------------	---	----------	---	--------------------	---	------------------	---

NARRATIVE

Vehicle 1 and vehicle 2 were both travelling north on I-985 in the left lane. Vehicle 2 was slowing for traffic ahead while vehicle 1 was following too closely, causing its front to strike vehicle 2 in the rear. After impact vehicle 2 was slowing to stop while vehicle 1 front stayed against the rear of vehicle 2 in the left lane of I-985. Driver 1 then either kept his foot on the accelerator or the accelerator of vehicle 1 stuck, causing the front tires to spin. Vehicle 1's front tires caught fire and disintegrated.

Note: Driver 1 stated he saw smoke coming from his hood prior to colliding with vehicle 2.

Note: Driver 2 stated vehicle 1 struck his vehicle in the rear multiple times before he stopped.

This investigation was recorded on 172 USB Pen# 42808.

DIAGRAM

INDICATE
NORTH



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle

Owner

WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
--------------------	---------	------	-------	----------	------------------

OCCUPANT INFORMATION

1	Name (Last, First): RAVEN, THOMAS					Address: [REDACTED]				
	Age: 61	Sex: M	Unit # 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 2	Taken for Treatment: 1
	Injury Taken To: NEGMC		By: HALL COUNTY EMS		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First): KHIMANI, SABJA					Address: [REDACTED]				
	Age: 61	Sex: M	Unit # 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
3	Name (Last, First): KHIMANI, YASMEEN					Address: [REDACTED]				
	Age: 58	Sex: F	Unit # 2	Position: 3	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	

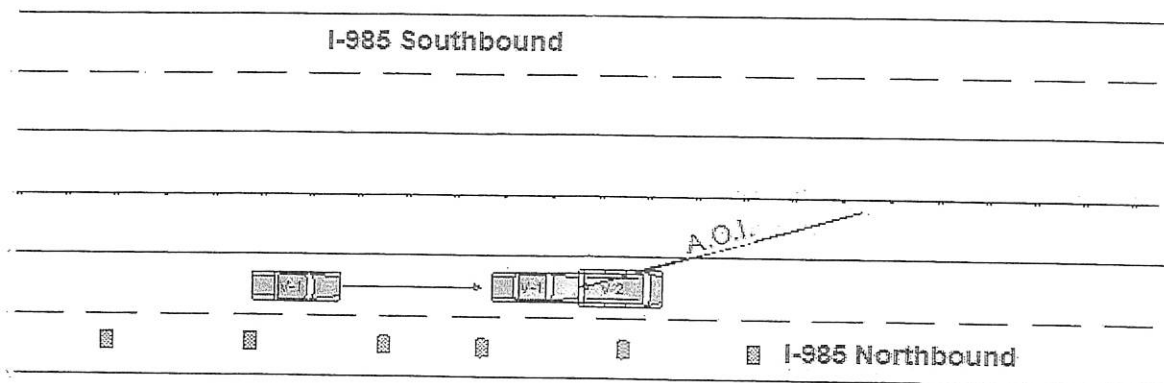
ADMINISTRATIVE

Photos Taken:	<input type="checkbox"/> Yes	By:	Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2003.		
	<input checked="" type="checkbox"/> No				
Report By:	Agency:	Report Date:	Checked By:	Date Checked:	
JAMES, J. #0172	GSPB/POST 6	05/01/19	PARKER, C.E. #0134	05/06/19	

ADDITIONAL or FULL PAGE DIAGRAM



NOT TO SCALE



Narrative:

Vehicle 1 and vehicle 2 were both traveling north on I-985 in the left lane. Vehicle 2 was slowing for traffic ahead while vehicle 1 was following too closely, causing its front to strike vehicle 2 in the rear. After impact vehicle 2 was slowing to stop while vehicle 1 front stayed against the rear of vehicle 2 in the left lane of I-985. Driver 1 then either kept his foot on the accelerator or the accelerator of vehicle 1 stuck, causing the front tires to spin. Vehicle 1's front tires caught fire and disintegrated.

Note: Driver 1 stated he saw smoke coming from his hood prior to colliding with vehicle 2.

Note: Driver 2 stated vehicle 1 struck his vehicle in the rear multiple times before he stopped.

This investigation was recorded on 172 USB Perm# 4280B.